

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3</li> <li>■ Print your name and address on the reverse so that we can return the card to you</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits</li> </ul>		<p>A Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) <u>Tom Lowe</u> C Date of Delivery <u>3/31/17</u></p> <p>D Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below</p> <p><u>P.O. Box 2020</u> <u>Hope AR 71802</u></p>	
<p>1 Article Addressed to</p> <p>Mr Steve Saum General Manager Hope Water &amp; Light 105 North Elm St Hope, Arkansas 71802-2021</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2 Article Number (Transfer from service label)</p> <p><u>7014 0150 0000 2454 2261</u></p>			
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

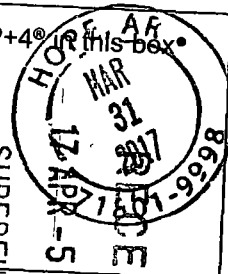
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No G-10

• Sender. Please print your name, address, and ZIP+4® on this box.

David Eppler, Enforcement Officer  
Environmental Protection Agency  
1445 Ross Avenue, 6SF-TE  
Dallas, Texas 75202



SUPERFUND DIV.  
DIRECTOR'S OFFICE

USPS TRACKING#



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